



Note: Silver 73 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, go to www.VermontHealthConnect.gov and click on "Subsidy Estimator."
This card was designed to be used with Plan Comparison Brochures that contain additional definitions and explanations. To find the Brochures, go to www.VermontHealthConnect.gov and click on "Health Plans."

2016 Silver 73 Plans		Standard Silver 73	Silver 73 HDHP (can pair with HSA)		Blue Rewards Silver 73	Vitality Plus Silver 73
			MVP	BCBSVT		
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family
Deductible (Ded.)	Integrated Ded.?	N	Y - \$1,550/\$3,100	Y - \$1,425/\$2,850	Y - \$1,800/\$3,600	N
	Medical Ded.	\$2,000/\$4,000	See above	See above	See above	\$700/\$1,400
	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1	Prev	Prev	Prev, Den1 3 PCP/MH OV	Prev, Den1, PCP/MH
	Prescription (Rx) Ded.	\$150 ⁷	N/A	N/A	N/A	\$200/\$400
	Waived for:	Rx Generic	Rx Wellness ⁸	Rx Wellness ⁸	Not Waived	VBID ¹
Max. Out-of-Pocket (MOOP)	Integrated?	N	Y-\$4,250/\$8,500	Y-\$3,800/\$7,600	Y-\$5,450/\$10,900	N
	Medical	\$4,500/\$9,000	See above	See above	See above	\$4,250/\$8,500
	Prescription (Rx)	\$1,200/\$2,400	\$1,300/\$2,600	\$1,300/\$2,600	\$1,250/\$2,500	\$1,200/\$2,400
Stacked or Aggregate? ⁶		Stacked ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶
Service Category (Examples)		Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)
Preventive (Prev)		\$0	\$0	\$0	\$0	\$0
Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$25	Ded., then 10%	Ded., then 10%	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$30	\$10
	Specialist ²	\$50	Ded., then 25%	Ded., then 25%	Ded., then \$50	Ded., then \$50
Urgent Care (UC)		\$60	'Ded., then 25%	'Ded., then 25%	Ded., then \$50	Ded., then \$60
Ambulance (Amb)		\$100	'Ded., then 25%	'Ded., then 25%	Ded., then \$50	Ded., then \$100
Emergency Room (ER) ³		Ded., then \$250	'Ded., then 25%	'Ded., then 25%	Ded., then \$250	Ded., then \$150
Hospital Services ⁴	Inpatient	Ded., then 40%	'Ded., then 25%	'Ded., then 25%	Ded., then \$1,750	Ded., then 40%
	Outpatient	Ded., then 40%	'Ded., then 25%	'Ded., then 25%	Ded., then \$1,750	varies by service
Prescription (Rx) Drug Coverage		30-day supply	30-day supply	30-day supply	30-day supply	30-day supply
Rx Generic ⁵		\$12	Ded., then \$10 ⁸	Ded., then \$10 ⁸	Ded., then \$5	Ded., then \$12
Rx Preferred Brand ⁵		Ded., then \$60	Ded., then \$40 ⁸	Ded., then \$40 ⁸	Ded., then 40%	Ded., then \$40
Rx Non-Preferred Brand ⁵		Ded., then 50%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 50%
Additional Benefits						
Wellness Benefits		N/A	N/A	N/A	Up to \$300 in health & wellness rewards	\$1 or \$3 co-pay for VBID Rx, up to \$50 in Wellness Rewards

Footnotes

1 Abbreviations -- Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1: Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.

2 Specialist co-pay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

3 ER co-pay is waived if admitted.

4 Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and anesthesia costs, as appropriate.

5 Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Preferred co-pay, view the formularies at <http://info.healthconnect.vermont.gov/healthplans> or contact BCBSVT (800-247-2583) or MVP (800-TALK-MVP).
<http://info.healthconnect.vermont.gov/glossary>.

6 With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. Some HDHP aggregate family deductibles have an embedded individual maximum out-of-pocket of \$6,850 to prevent one individual from paying the full family maximum out-of-pocket. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible.

7 BCBSVT Standard Silver73 plans have a \$150 Rx Deductible on brand drugs per person, while MVP Standard Silver73 plans have an Rx Deductible of \$150 on brand drugs for a single plan or \$300 for all other tiers.

8 With High Deductible Health Plans (HDHP), you do not have to pay the deductible for Wellness prescriptions. See the BCBSVT and MVP lists of Wellness drugs at <http://info.healthconnect.vermont.gov/healthplans>.

Plan details -- Different plans cover specific drugs and services in different ways. For specifics, contact BCBSVT (800-247-2583) or MVP (800-TALK-MVP).

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